

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 21st July 2017
Report for: Information / Decision
Report of:

Report Title

Increasing the Impact of the Health and Wellbeing Board

Purpose

To describe the current position and the development of future options for the Board

Recommendations

To note

Contact person for access to background papers and further information:

Name: Eleanor Roaf
Interim Director of Public Health
Eleanor.roaf@trafford.gov.uk

Introduction

At the meeting of the Health and Wellbeing Board on 21st April 2017, the Board reviewed the history of the Board in Trafford, and considered the impact that it had made since its inception. There was general agreement that the Board's focus on improving healthy life expectancy had raised the profile of this as an issue for the Borough, and a number of examples were given of how organisations and partnerships had responded positively to addressing this. This is further evidenced through the strategies developed and actions taken on each of the five key priority areas: indeed, as a result of the board agreeing the five priorities, there are now five well established partnership based work programmes, aimed at improving health and reducing inequalities.

The issue of whether the Board is achieving all it could in terms of its role as a key influencer of the broader partnership agenda in Trafford remains, and there is more work that the Board needs to undertake if it is to demonstrate that it is having an impact on the 'wider determinants' of health such as housing, transport, education or employment. Influencing these wider determinants can make as much difference to health outcomes as the work on lifestyle and behaviours and health service quality put together, and so, if we are to make the step change difference in outcomes required to meet the challenges ahead, we will need to consider how to increase the Board's impact on these areas.

Next Steps

The implementation of Trafford's Transformation Bid, together with the proposals for further integration of health and social care teams, give an opportunity for the HWBB to raise its profile and to take a leadership role in the planning and delivery of this work. Options are also likely to emerge in relation to the delivery of the wider determinants, including, for example, in the influencing to the implementation of the Greater Manchester Spatial Framework. The opportunities and options are likely to be clearer in the autumn, once Trafford receives a decision from the Greater Manchester Health and Social Care Partnership regarding the Transformation Bid.

Recommendations

That a sub group of the HWBB is established to discuss the future role and remit of the Board, including proposals for any changes in membership or reporting structures, and that this group reports back to the October meeting of the HWBB.

Eleanor Roaf
Interim Director of Public Health

11th July 2017

Appendix 1

For information: paper presented to the 21st April 2017 meeting of the Health and Wellbeing Board

Increasing the impact of the HWBB

Introduction

Health and Wellbeing Boards have been in place across England since 2013, but while their role is clearly laid out in statute, the impact they have had in local areas has been very variable, with questions raised in some areas about the added value that the Board has brought.

The situation in Trafford is no different to that in many other boroughs. The initial Health and Wellbeing strategy was comprehensive, with many underpinning plans, but it was hard to see to what extent any progress was attributable to the Board's input. Over the last year, we have been focussing on improving healthy life expectancy through work on smoking, alcohol, physical activity, the impact of poor mental health, and cancer screening and early diagnosis. The aim of this was to allow a concentration of effort and energy onto a few key areas, rather than spreading our work too thinly. This appears to be having some impact, especially in the influencing of neighbourhood partnership work, but it does not answer a number of questions, such as is the Board achieving all it could or should; is the scope and range of the work correct; and how does it enhance and add value to other partnership structures? Furthermore, is the Board seen as working on 'must do' agenda, or on one that is 'nice to do'? As an aside, the name of the Board is perhaps unhelpful here: if we were to recast 'wellbeing' as 'suicide prevention' (which is to large part its goal) then perhaps the impact of the Board's remit would be better understood, especially given that suicide is the biggest killer of people under 50 in the UK.

What makes a difference to population health?

Within Public Health, we are often asked for the two or three big ideas that, if consistently delivered, would make the biggest difference to the health of the population. There are two aspects to the answer to this question. The first is to improve health through action in health and social care services. For this, the answer lies in the topics we have outlined above: reduce the risk of diabetes, cancer and cardiovascular disease by reducing smoking, alcohol use and physical inactivity; improve diets and reduce the inequalities in mental health and screening. This will lead to a direct and measurable change in health outcomes and in reduced costs to the health and social care system. We can demonstrate the role that, for example, the NHS can play, given sufficient resource. For example, by identifying people in the early stages of disease and intervening to slow down or reverse the progression. Even better: to intervene before the disease process has commenced but the person is at risk due to certain factors, some of which are under the control of the person, and some could respond to medical treatment. This prevention activity should go on at all tiers of health service – primary care is the obvious, but acute care should be playing its role too. For instance when people are scheduled for surgery there should be serious effort put into making the person understand the increased risks they face and in-depth support to get them to quit, use a nicotine substitute or switch to vaping – at least until the operation. The

person may then find they don't want to return to smoking. However, all this takes time, therefore resource, and won't happen if not a priority. How does the Board influence this, and change resourcing decisions?

The second answer develops this further and looks to address the **wider determinants of health**: how do we address the factors that make it more likely that people will experience poor health? Addressing these requires work on housing; transport; education, employment and the environment. With the implementation of the Locality Plans, and the opportunities offered to Trafford through the Greater Manchester Health and Social Care Partnership (including via the Greater Manchester Population Health Plan) we are now at a stage where we need to consider whether the HWBB should engage more broadly on some of the wider determinants of health, and if so, what that means for all members of the Board.

Therefore, to answer the question on the improving health through improved health and social care delivery: where does the HWBB fit with locality and transformation plans, the integration of health and social care, and the development of local care organisations: the agenda to a large degree of the GM Health and Social Care Partnership

To answer the question on how to make a difference to the wider determinants of health: should the HWBB demonstrate greater engagement with topics that might be seen as relating more to the work of the Greater Manchester Combined Authority: the planning, regulatory services, environmental, housing and transport issues that impact on all of our lives. Perhaps there is an opportunity to develop new processes with the nascent Mayorality on these wider determinants.

Finally, the challenge to the Health and Wellbeing Board and to the wider Trafford Partnership is to get the full value from the Board, against whichever aspects of population health it chooses to focus.

Some questions to consider include:

- What do we want to deliver through the statutory status of the HWBB? How do we use this to our advantage?
- How can we evidence what a good HWBB delivers? Can we find an area that would not be without their HWBB because of the value that it has brought?
- How do we embed improved population health impacts in all our work? What does this mean for resourcing and spend?
- Is the membership right for both the health and social care agenda, and the wider determinants?
- How does the HWBB hold agencies to account?
- How do the priorities of the HWBB line up when considered against the various 'must do's' of the different member organisations?

Eleanor Roaf
Interim Director of Public Health
12.4.17